

GAU/1734

PATENT ATTORNEY DOCKET NO. 04148-00006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re	Applic	cation o	of:)					
	Klaa	ıs de G	François Layrolle, root, Joost Dick de Bruin, and . van Blitterswijk) Examiner: Brenda A. Lamb)					
Seria	l No.:	09/757	7,310) Art Unit: 1734					
Filed:	Janu	ary 9, 2	2001	APO CEIL					
Title:	MET IMPI	HOD LANTS	FOR COATING MEDICAL	Art Unit: 1734 RECEIV					
Assist Washi	ant Co	mmiss	ioner for Patents 20231						
			TRANSMITTAI	L LETTER					
Sir:				·					
	In reg	ard to	the above identified application,	we are transmitting herewith the attached:					
	1. 2. 3.	Amendment and Response to Office Action, Version of Amendments with Markings to Show Changes Made and							
	With r	espect	to additional fees:						
		A.	No additional fee is required.						
	_X	B.	An additional fee is required a	nd has been calculated as shown below:					

CLAIMS AS A	MENDED						
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate		(7) ditional Fee
Total Claims	21	Minus	20	1	X \$9	=	\$9.00
Indep. Claims	3	Minus	3 .	0	X \$42	=	\$0.00
		<u> </u>	Total Additiona	l Claims Fees			\$9.00
Petition/Reques	t for Extension of	Time	_0_ months		\$0.00		
			Total Additional Fees for this Amendment			\$9.00	

^{*} If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

	C.	Attached is a check in the amount of \$
<u>X</u>	D.	The Commissioner is hereby authorized to charge the total additional fee to our Deposit Account No. 19-0733. A duplicate copy of this sheet is enclosed.
	E.	The Commissioner is hereby authorized to charge the Petition fee of \$ to Deposit Account No. 19-0733.

The Commissioner is hereby authorized to charge any additional fees or credit overpayment to Deposit Account No. 19-0733.

Respectfully submitted,

Dated: April 24, 2002

ohn P. Iwanicki, Reg. No. 34,628 BANNER & WITCOFF, LTD. 28 State Street, 28th Floor

Boston, MA 02109

(617) 227-7111

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

^{***} Each multiple dependent claim should be counted as the number of claims from which it depends.